

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/596,442	
	Filing Date	June 19, 2000	
	First Named Inventor	Matthew R. Perkins	
	Art Unit	2617	
	Confirmation Number	4005	
	Examiner Name	LY, Nghi H.	
Total Number of Pages in this Submission	2	Attorney Docket Number	CM03017J

ENCLOSURES			(check all that apply)
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-Related papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> <del>Power of Attorney, Revocation,</del> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter with appropriate copies  <input type="checkbox"/> Other Enclosure(s) (please identify below)    	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature	/Barbara R. Doutre/		
Date	April 25 2007		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name			
Signature		Date	